

U S Department of Labor
Office of Labor-Management
Standards
Washington DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-267 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12451</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>CHRISTOPHER</u> <u>COSGROVE</u> P O Box Bldg Room No if any _____ Street <u>7930 U S 301 NORTH SUITE B</u> City <u>TAMPA</u> State <u>Florida</u> ZIP Code + 4 <u>33637 6765</u>	4 Name, file number and address of labor organization. Name <u>CARPENTERS LOCAL UNION 140</u> Labor Organization File Number <u>007-765</u> P O Box Building and Room Number if any _____ Street <u>7930 U S 301 NORTH SUITE B</u> City <u>TAMPA</u> State <u>Florida</u> ZIP Code + 4 <u>33637-6765</u>
5 Position in labor organization <u>TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a Nature of Interest, Transaction or Income _____ 7.b Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Christopher B Cosgrove

On

Date

813-985 5555

Telephone Number

Name of Person Filing CHRISTOPHER COSGROVE		File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name <input style="width: 100%;" type="text"/> Trade Name if any <input style="width: 100%;" type="text"/> P O Box Bldg Room No if any <input style="width: 100%;" type="text"/> Street <input style="width: 100%;" type="text"/> City <input style="width: 100%;" type="text"/> State <input style="width: 30%;" type="text"/> ZIP Code + 4 <input style="width: 30%;" type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer	
10 If 8 b. or 9 c. is checked give trust or employer's name. Name <input style="width: 100%;" type="text"/> Trade Name if any <input style="width: 100%;" type="text"/> P O Box, Bldg. Room No. if any <input style="width: 100%;" type="text"/> Street <input style="width: 100%;" type="text"/> City <input style="width: 100%;" type="text"/> State <input style="width: 30%;" type="text"/> ZIP Code + 4 <input style="width: 30%;" type="text"/>	11 a. Nature of such dealing <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> 11 b. Approximate dollar value of such dealing <input style="width: 100%;" type="text"/> 12 a. Nature of interest held or income received <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 12 b. Amount. <input style="width: 100%;" type="text"/>	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name CARPENTERS LOCAL UNION 140 Trade Name if any <input style="width: 100%;" type="text"/> P O Box Bldg Room No if any <input style="width: 100%;" type="text"/> Street 7930 U S 301 NORTH SUITE B City TAMPA State Florida ZIP Code + 4 33637 6765	14 a. Nature of payment <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Reimbursement for out of pocket expenses incurred while performing administrative activities Date of payment 1/26/2004</div> 14 b. Amount of payment. <input style="width: 100%;" type="text"/>	
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?		14 b. Amount of payment. <input style="width: 100%;" type="text"/> \$51

Name of Person Filing CHRISTOPHER COSGROVE		File Number U-
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8 Name and address of Business (including trade name, if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box, Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10 If 9.b or 9.c. is checked give trust or employer's name Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box Bldg Room No. if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 12 b Amount <input type="text"/>	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input type="text" value="CARPENTERS LOCAL UNION 140"/> Trade Name if any <input type="text"/> P O Box, Bldg Room No if any <input type="text"/> Street <input type="text" value="7930 U S 301 NORTH SUITE B"/> City <input type="text" value="TAMPA"/> State <input type="text" value="Florida"/> ZIP Code + 4 <input type="text" value="33637 6765"/>	14.a. Nature of payment <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Reimbursement for out of pocket expenses incurred while performing administrative activities Date of payment 2/25/2004</div>	
13 b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/>	14.b. Amount of payment <input type="text" value="\$98"/>	

Name of Person Filing CHRISTOPHER COSGROVE		File Number U-
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8 Name and address of Business (including trade name if any) Name <input style="width: 100%;" type="text"/> Trade Name if any <input style="width: 100%;" type="text"/> P O Box Bldg Room No if any <input style="width: 100%;" type="text"/> Street <input style="width: 100%;" type="text"/> City <input style="width: 100%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name <input style="width: 100%;" type="text"/> Trade Name if any <input style="width: 100%;" type="text"/> P O Box, Bldg Room No. if any <input style="width: 100%;" type="text"/> Street <input style="width: 100%;" type="text"/> City <input style="width: 100%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11 a Nature of such dealing. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> 11 b. Approximate dollar value of such dealing <input style="width: 100%;" type="text"/> 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 12 b Amount <input style="width: 100%;" type="text"/>	
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13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name CARPENTERS LOCAL UNION 140 Trade Name if any <input style="width: 100%;" type="text"/> P O Box, Bldg Room No if any <input style="width: 100%;" type="text"/> Street 7930 U S 301 NORTH SUITE B City TAMPA State Florida ZIP Code + 4 33637-6765	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Reimbursement for out of pocket expenses incurred while performing administrative activities Date of payment: 5/24/2004</div>	
13.b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <input style="width: 100%;" type="text"/> \$851	